

RoughRiders Billet Player Profile

Player Info

Player IIIIO				
Team	Birth year	Last Name		
First Name				
Cell Phone	Email			
Parent Contact				
First Name	Last Name			
Cell Phone				
First Name				
Cell Phone	Email		7:	
Address	City	State _	Zip	
Profile				
List Siblings and ages				
Do you drive and have a car? Yes (Players who have cars could be asked to transport players)				
Are you still in school? Yes No \	Nhat grade?	_		
Will you need to enroll in local HS?	′es No			
Are you interested in learning about the o	onsite Summit Academ	y Sports schoolir	ng option? Yes N	
Do you plan to stay in Colorado to finish	the school year, or will	you be leaving o	nce the season ends?	
Estimated date you expect to arrive in Co	blorado:			
Favorite Type of Music:				
Favorite NHL Team & Player:				
Most Memorable Athletic Moment:				
Do you have any allergies to medication,	food or pets?			
Are you ok with pets? Yes No [Other			
List any medications you are currently tal				
Explain how you feel about living with you				

Does smoking bother you? Yes No
Are you able to cook your own food on occasion if needed?
Do you have any food needs or sensitivities (gluten intolerance, etc):
Please list below some of your favorite foods (this is <i>very</i> helpful for the host family)
Breakfast
Lunch
Dinner
Snacks
Beverages
Please list any specific dislikes
Explain how other people who know you would describe you
What habits do you have that drive your parents crazy?
What do you like to do in your free time?
Have you billeted before?

PARENT COMMENTS: Please describe your son, how your family feels about the upcoming experience and how you think your son will make the transition from home life to living with a housing family (feel free to use the next page).